

**Lead
Project
Notification
Revision**

State of Maine
Department of Environmental Protection
Lead & Asbestos Hazard Prevention Program
17 State House Station, Augusta, ME 04333
TEL (207) 287-2651 FAX (207) 287-7826

**FORM
LR**

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1. Project Code

(assigned by original
notification submitter)

2. Revision #

3. Revision Information Submitted by

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Contact _____

TEL _____ FAX _____

4. Lead Contractor (As listed in original notification)

Name _____

Address _____

City _____ State _____ Zip _____

Contact _____

TEL _____ FAX _____

5. Facility Location (Where removal is to take place)

BLDG Name _____

Floor and/or Rm.# _____

Physical Address _____

City _____ State _____ Zip _____

6. Notification Revisions (Check all that apply)

_____ Change Start Date from _____ to _____

_____ Change End Date from _____ to _____

_____ Change in Work Hours _____

_____ Cancellation of Project Date _____ to _____

_____ Change in Contractor to _____

_____ Change in Operation (abatement methods) _____

_____ Change in Waste Transporter to _____

_____ Change in Disposal Site to _____

_____ Variance Request not previously submitted (Variance Request requires Department written approval)

_____ Other _____

Signature _____

Print Name _____

Date _____

ME DEP USE ONLY

Postmark/ FAX/ Hand delivered

Date Received _____

Important Note: This form may be faxed to the Department. Remember to keep a record of all notifications sent to the Department.